

## Chapter 2: Overview of Karen Culture

This chapter provides an overview of Karen culture in terms of language, literacy, socioeconomic position, family, social structure, gender, religion, communication styles, and traditional health care beliefs and practices. Readers are cautioned to avoid stereotyping Karen people based on these broad generalizations. Please keep in mind that the Karen culture, as are all others, is dynamic and expressed in various ways by individuals owing to life experiences, individual personality, and other influences. The extent to which Karen living in the United States identify with the Karen culture will also depend on their level of acculturation to mainstream American society.

### Ethnicity

Karen persons are ethnically distinct from other groups living in Burma and Thailand. According to some, the Karen are descendents of the Mongols and rather than being a single ethnic group, are comprised of at least 20 sub-groups (Institute of Medicine (IOM), 2006). An anglicized form of *Kayin* – their name for themselves – the term “Karen” is used only by people outside the community and refers to those who live in rural communities (Karen State) along the Burmese-Thai border (Hayami & Darlington, 2000). Karen communities are indigenous to the hills and plains of southeastern Burma and western Thailand (Graber, 2006; Hiyami and Darlington, 2000). Estimates of the Karen population vary widely, from 3 to 7 million (Barron et al., 2007; UNHCR, 2007). Although the earliest Karen settlement in Burma was 739 BC, it is unclear whether they began settling in Thailand prior to the eighteenth century (Platz, 2003). In Burma, Karen people inhabit the hill forests, valleys and plains as well as cities and towns along the border, while in Thailand, they live on the lower-altitude hills, valleys and lowlands among the provinces of Mae Hong Son, Tak, and the western part of Chaing Mai (Hiyami & Darlington, 2000).

Geographically and linguistically, the Karen can be divided into Southern, Central, and Northern groups. There are several subgroups of Karen, each with their own language and group name. These subgroups have also been distinguished by the dominant color of their clothing, including: the Sgaw (pronounced Skaw) and Pwo from the Northern Karen state who are sometimes referred to as the white Karen; the Karenni from the Central Karen state, also known as the red Karen; and the Pa-o from the Southern Karen state who are also referred to as the black Karen (Barron et al., 2007; Tapp, 2002).

Sgaw Karen are the largest Karen subgroup, many of whom live along two river valleys in rural areas along the Burmese-Thai border (Barron et al., 2007). Other Sgaw Karen occupy parts of the lower Yangon River Delta and southeastern Burma. Due to years



A girl from the Padaung minority, one of the many ethnic groups that make up Burma's population.  
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of ethnic conflicts and persecution by the Burmese government, many Sgaw Karen have settled in refugee camps along the Thai border. Pwo Karen live mainly in the Irrawaddy Delta, while Pa-o inhabit the southwestern Shan State. Kayan (or Padaung) are members of the Karenni subgroup and are distinguished by the coils of polished metal that are worn around the necks of young girls and women to create the appearance of an elongated neck (Mirante, 2006).

Economic activities of Karen communities are heavily reliant on farming, as nearly 70% of Karen participate in some form of agricultural production and/or hunting activities (Barron et al., 2007). They have two methods of growing rice. Those who inhabit the hills cultivate “hill rice” in dry fields cleared by a slash-and-burn method and live in villages that are small clearings in the forest (Neiman et al., 2008). Those who live close to rivers use paddy farming (flooded fields) methods to grow rice. In the Karen communities of both Thailand and Burma, however, traditional farming activities are changing due to environmental degradation, population increase, and restrictions on forest and land use (Hiyami & Darlington, 2000).

## **Education and Literacy**



Children attend class at a monastic school in Hlegu, Myanmar. When parents cannot afford education fees for their children, they send them to monastic schools where Buddhist monks and volunteers teach them for free. © 2006 Innthar, Courtesy of Photoshare

Historically, Karen education was home-based and focused on cultural tradition, such as learning farming and other economic skills, as well as specific education about the different rituals associated with marriage and death (Barron et al., 2007; Mekong, 2006). In 19th century Burma, Karen people were well known for their superior formal education in the colonial schools, and a large percentage worked as teachers (IOM, 2006). Education continues to be highly valued in Karen culture, but schooling in Burma today is available to very few due to the lack of resources and teachers. Local schools, such as those serving Karen persons, must support the

cost of education themselves, and because of this, many Karen cross the border into Thailand so that their children may attend the schools in the refugee camps (IOM, 2006).

Education is a priority for the Burmese immigrants who have resettled in the United States. According to the U.S. Census' 2006-2008 American Community Survey, 27.5% of the Burmese in the United States had attained some college or associate's degree with 26.3% enrolled in college or graduate school (U.S. Census Bureau, 2008). Among males, 89.9% are literate in Burmese, in comparison with 86.4% among females (Central Intelligence Agency, 2010).

## **Language and Communication**

Despite the geographic dispersion of Karen people across several countries, the culture has experienced limited linguistic assimilation. Persons of Karen ethnicity speak Karen, which is a member of the Sino-Tibetan language family and characterized by its monosyllabic and tonal nature (Barron et al., 2007). The Karen language can be broken into four distinct dialects with the most common being Sgaw (Barron et al., 2007). A person who speaks Pwo Karen is also likely to speak Sgaw Karen, but the reverse is not often the case (Neiman et al., 2008). A small percentage of Karen





A couple in Mandalay Township, Myanmar bathes their child in a nearby drainage area which supplies water to the paddy fields.  
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people speak or understand Burmese and Thai, and some Karen elders speak English as a result of former British colonization between 1886 and 1947 (Metropolitan Area Agency on Aging, 2006). This fact is more evident among Karen refugees in Thailand's Tham Hin Camp. In a UNHCR survey, the vast majority (81%) of refugees spoke Sgaw Karen, followed by Pwo (11% western Pwo and 4% eastern Pwo). Only 4% of those surveyed spoke Burmese (Barron et al., 2007).

Karen people can be described as friendly, quiet, and cheerful (e.g., IOM, 2006). Karen culture promotes a sense of pride for

being simple, humble, unassuming, and peace-loving. Being direct is considered rude, and many Karen find elements of the western style of communication, such as directness, loud speech, and emphatic body language, uncomfortable (Neiman et al., 2008). For Karen people, self-expression that promotes community values and cultural identity is more important than communication that promotes individual opinions or needs. This communication style helps to prevent disagreements and encourage harmonious interactions (Northeastern Regional Training and Medical Consultation Consortium, 2008). Modesty, or not emphasizing one's own feelings or opinions, is also an important value in Karen culture. For this reason, the answer "No" is often given when Karen persons are asked direct questions about their individual needs, when a person from mainstream American culture might expect a "yes." Similarly, Karen people will often first refuse an invitation to eat, but after repeated offers, will later quietly accept the invitation (Barron et al., 2007). These cultural norms may have an implication in terms of medical interpretation and interactions with health care providers. There may be an inherent difficulty for a Karen patient to challenge or question a physician that providers should keep in mind when interacting with Karen persons.

When greeting one another, people will say, *Kaw Leh Ah Gay* (Good morning), *Ni Leh Ah Gay* (Good Afternoon), *Ha Leh Ah Gay* (Good evening) and *Na Leh Ah Gay* (Good Night) rather than shake hands or bow. Another common greeting is to ask someone if they have eaten rice (the staple food), *N'aw May Wele Ha*. This is the equivalent to asking someone, "How are you" (Neiman et al., 2008). A list of Sgaw Karen words and phrases can be found in Appendix E. Some Karen who have had exposure to western culture may use a modified form of a handshake (Neiman et al., 2008). The greeting begins with holding one's right elbow in one's left hand and using one's right hand to lightly and gently shake the other person's hand in greeting (Dziedzic, n.d.).

It is very uncommon to see men and women displaying affection in public. Kissing and hugging by opposite genders in public is considered impolite or disrespectful (Neiman et al., 2008). However, showing affection by holding hands or hugging someone of the same sex is common and is considered friendly. Other behaviors that can be seen as culturally impolite include direct eye contact, folding one's arms in front of oneself when talking, sitting so that one's feet are pointing

in the direction of another person (especially someone older), and touching someone's head where it is believed a person's spirit resides (Neiman et al., 2008). It is acceptable, however, for an elder to touch a child on the head and for a medical provider to touch a patient on the head during a medical assessment, but it is helpful to explain this beforehand (Kemp & Rasbridge, 2004).

## Naming Conventions

The Karen people do not traditionally use surnames, but instead use names or nicknames given to them at birth. However, Karen who have resettled outside Burma are increasingly adopting the use of surnames; in Thailand, the law requires that they be assigned surnames (Barron et al., 2007). Men and women are referred to by the prefix *Saw* (Mr.) or *Naung* (Ms.) followed by their given names and then their kinship relations (Barron et al., 2007; Neiman et al., 2008). For example, one's older brother would be addressed by his first name followed by the Sgaw Karen word for older brother, *wae kwâ*. Elders are often referred to as either *phi* (grandmother) or *phu* (grandfather), regardless of whether there is a blood relationship. Older men and women are referred to as *pa ti* (uncle) and *my rä* (auntie) respectively (Barron et al., 2007).

### Suggestion



- When greeting a Karen person, remember it is not always necessary to shake hands. A greeting like “good morning” or “good evening” is sufficient. Wait to see if they offer their hand first.
- To elicit “small talk,” the polite Karen phrase asks if you have eaten rice.
- Refrain from showing affection between men and women in public.
- Avoid touching any adult or child on the head, as it is considered sacred.
- Avoid referring to Karen persons as Burmese. It may be considered offensive, since they are distinct ethnic groups with different languages and histories.
- Be cognizant of the Karen cultural norms, which promote collectivism over individualism and value harmony rather than challenging opinions.

## Social Structure, Family, and Gender

Karen culture places a high value on the family, respect for elders, and duty to parents (Barron et al., 2007). Similarly, the concept of community is extremely important, and the community at large is considered a part of the extended family. It is the nuclear family, however, that plays a prominent role in the daily life of Karen people, usually consisting of a husband, wife, and their unmarried children. Karen couples tend to have on average two to three children (Graber, 2006).

Typically, both men and women share the responsibilities of the household, with men doing mainly manual labor such as farming, plowing, hunting, building, and maintaining the physical structure of the family home (Barron et al., 2007). Women are often responsible for cooking, cleaning, and overall maintenance of the household. Both men and women share the responsibility of raising children. In terms of decision-making, both husband and wife are involved because decisions affect the whole family, although the husband is usually the one to communicate the decision in public (Mekong, 2006).



Karen refugees, including men, participate with their children in an immunization campaign at the Thai-Burma border.  
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## Marriage

Karen persons tend to marry within their own local cultural group. Most young people choose their spouses through courtship, although arranged marriages occasionally occur (Barron et al., 2007). A young man initiates the process by informing his parents of his intent to marry (Spiro, 1975). Then an astrologer is consulted to determine the couple's compatibility (Brant & Khaing, 1951). If compatibility is determined and the marriage is deemed appropriate, the astrologer chooses the wedding date. The marriage ceremony involves all participants of the community.

Historically, the Karen people are a matrilineal society. As such, it is common for young married couples to live with the wife's family for a short length of time. If all the children are married, it is common for elderly parents to be cared for by the youngest married daughter (Mekong, 2006). This youngest daughter will inherit the land upon the passing of both parents. In Burma, elders have a great deal of influence over their children and grandchildren's occupations and living arrangements (Skidmore, 2004).



## Clothing

The vibrancy of Karen culture is exhibited in traditional clothing. The basic, traditional dress for Karen men is a short-sleeved, red cotton shirt or tunic and blue or black wide-legged pants or wrapped sarong (Mekong, 2006; Barron et al., 2007). A colorful shoulder bag is also worn, and it is not uncommon for men to wear earrings (Barron et al., 2007). Sgaw Karen women wear short-sleeved, dark-blue blouses with red and white beads at the bottom (Barron et al., 2007). These blouses are worn with red or lilac-colored embroidered skirts. A red or white turban is worn to complete the outfit. Unmarried girls and women wear white tunics decorated with embroidery and tassels at the bottom. In refugee camps it is common to see Karen people in western style clothing such as denim jeans and t-shirts (Barron et al., 2007).

## Customs and Holidays

A central theme of Karen life is artistic expression, such as drama, dance, music, painting, and poetry. The harp, bamboo guitar or fiddle, drums, cymbals, and gongs are some common Karen musical instruments (Mekong, 2006). Through these media, Karen artists portray comedic, political, romantic, religious, and cultural themes (Skidmore, 2004). Karen people celebrate several traditions that serve to unify the various Karen populations and preserve their culture, identity, and language. Certain symbols are used in these festivities to symbolize basic tenets of Karen culture. These symbols include sticky and regular rice, banana, sugar cane, water, and a kind of flower (*paw gyi*) which are associated with values such as unity, sincerity, honesty, perseverance, simplicity, beneficence, and purity (Barron et al., 2007).

Rites of passage are very important in Karen culture, with the three most recognized times during a person's life being birth, marriage, and death. At birth, offerings are often made to spirits and a string is tied around the child's wrist to keep its soul, or *kla*, from being taken away. Weddings are lively affairs filled with music. Funerals of adults are ceremonies marked with feasts, funeral rites, and chanting of poems (Barron et al., 2007).



Women harvest rice in Myanmar.  
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## Religion

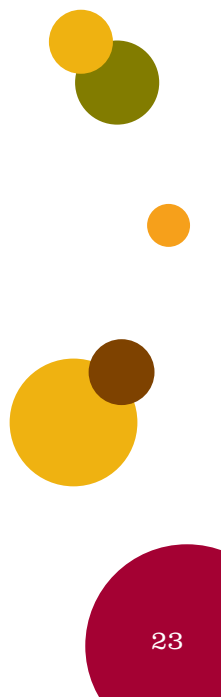
Karen people were originally animists. Today it is estimated that approximately 70% are Buddhist, Buddhist-animist, or animist, and 20% to 30% are Christian (Barron et al., 2007). The interplay between Karen religious beliefs (Buddhism and Christianity) and traditional animist beliefs is evident in Karen culture, but Karen persons do not associate their ethnic identity with a particular religion (Hayami, 1996; Platz, 2003).

The majority of those Karen who are considered Buddhist belong to the Theravada sect. This sect teaches that individuals are responsible for their own actions and that every action has a consequence, *karma*. In addition, the concept of “self-awakening” is an important tenet of Theravada Buddhism and is characterized by the belief in reincarnation (Neiman et al., 2008). If a person lives a good and harmonious life, he or she will be rewarded in the next life. The ultimate reward is to reach Nirvana, the freedom from all worldly concerns such as greed, hate, and ignorance. Nirvana is achieved by following the teachings of Buddha.

Animists believe that all natural objects and individuals have multiple souls. According to this system of beliefs, protective and wild spirits inhabit many objects and natural settings in the world. The animist belief system is divided into two realms, the spirits of the land and familial/ancestral spirits (Hayami & Darlington, 2000). The spirits of the land include the Rice Goddess and the Lord of Water and Land. The elders in the community are responsible for performing the appropriate rituals, which are conducted to appease the spirits. When food production is prosperous, the spirits of the land are said to be happy. It is believed that famine or epidemics occur when the spirits are unhappy or are angered by immorality or failure to perform rituals (Hayami & Darlington, 2000).

In Karen animism, it is believed that each person has 37 souls or *kla*. The *kla* is said to enter one's body at birth and leave one's body at death, at which time the *kla* reappears in a newborn at birth. Illness is said to be a result of losing a *kla*. To prevent the *kla* from leaving the body, many Karen people wear a string around his or her wrist (Barron et al., 2007). This string is placed by either an elder or shaman.

The conversion of some Karen to Christianity occurred during the early to mid 18th century when Christian missionaries began settling in rural areas of Burma (Hayami & Darlington, 2000). Converts learned to read and write in both English and Burmese, and around 1830, an American Baptist missionary developed for the Karen people a written script adapted from the Burmese alphabet (Neiman et al., 2007). These formally educated Karen Christians soon held higher social positions than the Buddhist or Animist Karen (Hayami & Darlington, 2000) and went on to take the majority of leadership roles in the Karen independence struggle (Barron et al., 2007).



## Traditional Health Beliefs and Practices

Traditional medicine is an integral part of people's culture in developing worlds (Awale et al., 2006). According to the World Health Organization (WHO), up to 80% of the world's poor and rural populations use traditional medicine for primary care due to its accessibility (Northeastern Regional Training and Medical Consultation Consortium, 2008).

Karen ethno-medicine includes elements of both traditional Chinese medicine and the Ayurveda humoral system of India. A harmonious state between the mind, body, and soul is believed essential to having good health (Kemp & Rasbridge, 2004). Imbalances ("too hot" or "too cold") of those natural elements are believed to cause illnesses, although these terms do not refer to temperature. To counteract the effects of too much heat in the body, traditional healers provide cold treatments that restore balance. Excessive heat can also be caused by eating the wrong types of foods for one's body type (Neumann, 2003). Many Karen also believe that the abdomen is the place where diseases, moods, and bodily conditions originate. To protect themselves from harm, Karen men often have elaborate tattoos on their abdomens (Barron et al., 2007).

Traditional healers treat their patients with a combination of plants with medicinal properties, dried and powdered substances, and Buddhist principles (Skidmore, 2004). For example, various herbs and plants, such as *Lay-myo-shit-hsai-hsay*, are used to make medicines to treat indigestion, congestion, and cough. *Has-hset-da-bah-hsay*, another commonly used remedy, is used to treat wind and urinary disorders (Awale et al., 2006). Illness is also sometimes thought to be caused by evil spirits. Traditional healers perform ceremonies that require the sacrificing of chickens or other animals in order to appease or banish the spirits causing the illness (Barron et al., 2007). To treat mental and emotional illnesses, the Burmese have traditionally used medico-religious specialists or *daq sayas*, which include astrologers, white magicians, alchemists, wizards, *Nat* spirit mediums, and monks (Skidmore, 2004).

## Seeking Medical Care in the U.S.

Despite the long history of traditional health practices among the Karen people, many in the refugee communities are accustomed to accessing health care through a clinic setting, and most Karen have had enough contact with western doctors that they do not fear modern medicine (Neiman et al., 2008). It is important to note, however, most Karen are more comfortable working with people of their same ethnic origin, and some patients may be reluctant to work with a particular interpreter if he/she is not of Karen background (Northeastern Regional Training and Medical Consultation Consortium, 2008).

Another consideration with regard to seeking care in the U.S. is the reluctance some Karen may have in divulging their health information to the practitioner. Karen patients may be ashamed, embarrassed or hesitant to explain their health history and would benefit from having a Karen interpreter to facilitate communication between patient and practitioner, to clarify any misunderstandings, and to discuss



Villagers meet with a health care provider, Magway, Myanmar.  
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the logistical details of their next appointments, often even if they speak English well (Neiman et al., 2008). Medical decision making also involves everyone in the family (Neiman et al., 2008) and may take time and require a practitioner's patience to ensure adherence to treatment regimens. In the case of TB, the patient-provider interaction is key to minimize stigma associated with the disease.

## Suggestion



- Respect the importance of family-based decision making. Always remember that it is the patient's right to consult with whomever he or she chooses in order to make a decision.
- Whenever possible, choose professional interpreters who share the same characteristics as the patient (e.g., same Karen sub-group, religion, gender).
- Use interpreters to gain health history information, clarify misunderstandings, and discuss the logistical details of subsequent medical appointments.

## Socioeconomic Position in the United States

Many Karen have had difficulty finding employment in the United States, and have relied heavily on menial jobs for income and/or welfare programs for health services (see for example, Wright, 2009; and Jirat, 2007). According to 2000 Census data, 35% of Burmese Americans were outside the labor force, which is one aspect of their new lives in the U.S. that is not as welcome a change as they had hoped. For some, the pursuit of higher education is a goal (Jirat, 2007), while for others, the positions held in the camps, such as teacher, were more reputable than their current occupations in the U.S. in menial, low-paid work (Wright, 2009).

The most common jobs held by Burmese men and women are in manufacturing (23.4%), followed by education, health, and social services (20%); retail, the arts, entertainment, and recreation (10%); and jobs in accommodation and food services (10%) (U.S. Census Bureau, 2000). According to the 2006-2008 American Community Survey 3-Year Estimates, which may disproportionately factor ethnic Burmese who immigrated to the U.S. before the current waves of Karen immigrants (U.S. Census Bureau, 2008), the median Burmese household income in 2008 was \$62,871, about \$7,000 higher than that of non-Hispanic white households (\$55,530) (U.S. Census Bureau, 2009). Nearly 15% of Burmese were living below the poverty level, in comparison with 10.6% for Asians overall. By comparison, the poverty levels for Hmong and Cambodians were 27.1% and 19.9% respectively (U.S. Census Bureau, 2008).



## **Changing Values, Changing Roles**

Adaptation to an American lifestyle has demanded new survival strategies that have inevitably changed the pattern and rhythm of the lives of the Karen people. For Karen Americans, the sense of family and cultural heritage remains strong. Many elders are now taking greater responsibilities in providing childcare to their grandchildren and cooking for the household (Metropolitan Area Agency on Aging, 2006). Because of the long hours that their adult children are working, elders are finding it hard to adjust to this new lifestyle. Some Karen elders may feel like they have lost control over many aspects of their lives, including the loss of influence over their own children. Parents who have limited English-speaking abilities often have to rely on their children to interpret for them in everyday situations (Neiman et al., 2008). The power dynamic between parent and child is shifting. This change in family dynamic adds strain among family members. Karen culture will continue to evolve as roles change in the U.S. setting.